

NATIONAL INSTITUTES OF HEALTH

Instructions for Completing the HHS-716, Initial Report of Financial Interests in Substantially Affected Organizations for Employees of the National Institutes of Health

Due Date: Must be received by your Ethics Office no later than close of business:
Monday, October 31, 2005

Extension: No extension is permitted.

Submit to: **Most employees: submit to your IC's Ethics Office**

**NIH Top 5 and OD employees: submit to the NIH Ethics Office
(Bldg 2, Room BE-01, MSC 0201)**

The names and addresses of the IC Ethics Office staff are located on the NIH Ethics Program web site at: <http://ethics.od.nih.gov/coord.htm>

Help: For help in completing the HHS-716, contact your IC's Ethics Office staff, as above.

Content of Report: Currently held financial interests as defined in Part III of the form.

Getting Started

1. Gather the information regarding financial interests you hold in any substantially affected organization (SAO). See Form HHS-716, Part III, Box 1, for a definition of an SAO. Also see the web site: <http://ethics.od.nih.gov/topics/sao/sao-intro.htm>
2. Obtain the form HHS-716 from the NIH Ethics Program web site, on the October 2005 Financial Disclosure page: <http://ethics.od.nih.gov/topics/FinanDisc-Oct05.htm>

The form is in pdf format. Please print the form and complete it manually.

3. If you are required to file a Public (SF-278) or Confidential (OGE-450) Financial Disclosure Report, have your most recently completed report available. For OGE-450 filers, that would be the report due at the same time as the HHS-716 is due.

4. **Extended Due Date:** This block will be completed by IC Ethics Staff if you request an extension.

Date Report Filed: This block will be completed by the IC Ethics Office staff, the date they receive your report.

Part I. Employee Information (to be completed by employee)

When using the fillable pdf format form, enter the requested information and tab to the next field.

1. Name: self explanatory
2. Agency: IC/Office: Enter your IC's acronym, e.g., OD, NIA, NCI, etc.
Subcomponent: Enter your Division, Branch, or Office acronym
3. Enter your official job title.
4. Enter your pay Grade and Step (i.e., GS, GM or WG). If you are in a non-graded pay system (e.g., Title 42, SES), enter N/A.
5. Enter the amount of your total annual federal salary.
6. Check the relevant box to indicate your appointment type:
 - PAS/PA: Presidential Appointee Senate Confirmed / Presidential Appointee
 - Non-Career SES
 - Schedule C
 - Career SES: applies to SES appointees at the NIH
 - General Schedule: GS, GM, and WG employees
 - Title 42: includes SBRS, AD pay plans
 - Commissioned Corps
 - Other: indicate the appointment type if none of the above fit
7. Financial Disclosure Filing Status: indicate which form you file, or None if you do not file a financial disclosure report.
8. Office Address: self-explanatory, give complete information for your office address, as requested.
9. Office Contact Information: self-explanatory, give complete information to contact you.
10. Name of Immediate Supervisor: self-explanatory.
11. Supervisor Contact Information: self-explanatory, give complete information to contact your supervisor.
12. Title of Supervisor: self-explanatory.

II. Summary of Conflict of Interest Law

Employees must read this section thoroughly. It contains information about conflict of interest law in understandable terms, and information about your responsibilities to avoid conflicts of interests.

III. Financial Interests in Substantially Affected Organizations (to be completed by employee)

Read the information and instructions on the form very carefully. "Substantially affected organization" (SAO) is defined on the form, as well as whose financial interests must be reported.

If you have no financial interests to report, check the NONE box and proceed to block #4, Certification.

If you DO have financial interests to report, follow the steps below.

1. Report: After reading the instructions, review the examples and enter your financial interests which meet the criteria.
 - Description means the name of the company, organization, partnership or other entity.
 - Type of investment: self-explanatory, see example on the form.
 - EB: Add a checkmark (✓) to indicate whether the financial interest is an Employee Benefit from current or prior employment, such as an interest held in a pension plan (see the example on the form).
 - Value: Insert the dollar value of the holding. Omit cents. Use value as of the date you sign and submit the report.
 - As described in the second paragraph of the instructions on the form, indicate ownership by using the following initials:
 - I = Individual, your own holding, not jointly owned with your spouse, minor child, or others
 - S = Spouse's financial interest, not jointly owned with you, a minor child, or others
 - MC = Minor child's interest, not jointly owned with you or your spouse.
 - J/S = Jointly owned by you and your spouse.
 - J/MC = Jointly owned by you and your minor child.
 - J/O = Owned jointly by you and another individual, other than spouse or minor child.

Enter each financial interest on its own line, A through L. If you need additional space, use the Additional Space on page 12. Label your additional information "Part III" and enter the information the same as if it were in the columns in this section. Continue the list beginning with Item M.

2. Questions for Senior NIH Employees: These questions apply ONLY to senior employees, as defined on the form. If you are not a senior employee, skip this section. Senior employees will answer "yes" or "no" for Questions a and b, and indicate the holdings applicable to each response. If you need additional space, use the "Additional Space" on page 12.
3. Comments: Insert any relevant comments in this block, such as comments about a particular financial interest reported in Box 1, e.g., explaining any exceptional circumstances affecting your ability to divest that financial interest. You may continue the comments in the Additional Space on page 12. Label the continuation information Part III, Box 3. Please write legibly, or type in your additional information. You may also attach copies of emails or other communications from clarifying questions or issues. Indicate "See attached" if you attach other information.
4. Certification: Review the information you provided to ensure accuracy. Sign where indicated to certify that your report is complete and accurate.

Make a copy of the report for your records and forward the original report to your IC's Ethics Office, so that it is received no later than close of business on **Monday, October 31, 2005**. Names and addresses of ethics staff are located on the NIH Ethics Program web site at:

<http://ethics.od.nih.gov/coord.htm>

Note: Once your Ethics Office staff review your report, you may be contacted to provide additional information. See Parts VI and VII below.

IV. Supervisor Review

You will submit your report to your IC Ethics Office. If you are not a senior employee and you report any financial interests in an SAO, your IC Ethics Office staff will determine whether the report will be forwarded to your supervisor. If necessary, your supervisor will review for potential conflicts between your financial interests and your official responsibilities. The supervisor will return the report to your IC Ethics Office with comments regarding whether your financial interests may be affected by your official responsibilities. Specific instructions for the Supervisor are in the document entitled "Instructions for Reviewing and Processing the HHS-716, Initial Report of Financial Interests in Substantially Affected Organizations for Employees of the NIH."

V. Deputy Ethics Counselor (DEC) Determination (completed by Appropriate DEC)

Your Ethics Office staff will review your report. Specific instructions for reviewing and processing the report are provided in the Instructions for Reviewers document, also available on the web site:

<http://ethics.od.nih.gov/topics/FinanDisc-Oct05.htm>

Those reports with no holdings in an SAO will be signed and a copy returned to the employee. Those with any SAO holdings listed will be forwarded to the employee's supervisor.

VI. Certificate of Divestiture

(to be completed by employee following DEC review, if divestiture is required)

If you hold prohibited financial interests and your DEC instructs you (in Part V above) to divest and you will realize a capital gain as a result of divestiture, you will use this section to indicate whether you wish to request a Certificate of Divestiture (CD). Carefully read the information about CDs and determine whether you wish to request a CD.

IF YOU REQUEST A CD, DO NOT DIVEST UNTIL YOU RECEIVE THE APPROVED CD. IF YOU CHOOSE TO DIVEST OF YOUR FINANCIAL INTERESTS PRIOR TO YOUR CD REQUEST BEING APPROVED, YOU WILL NOT BE ELIGIBLE TO USE THE CD.

1. Capital Gains Tax Deferral. Read the information very carefully about CDs. Review the material on the web, as noted in the instructions on the form.
2. CD Election. Determine whether you wish to request a Certificate of Divestiture. If no CD is requested, mark the "No CD" box and continue to Part V.
3. Description of Financial Interests. Read the instructions carefully and provide the required information on the blank page 10 as directed.

Requesting a Certificate of Divestiture: If you wish to request a Certificate of Divestiture, you must submit a memorandum containing all the required information as outlined in the [OGE Frequently Asked Questions](#) document on the NIH Ethics Program web site. Please also review the other CD information on the website mentioned on the form HHS-716 and provide all required information.

If you are required to file either a Public Financial Disclosure Report (SF 278) or a Confidential Financial Disclosure Report (OGE 450), attach a copy of your most recent certified report. If you do not have a certified copy (signed by your DEC), please obtain a copy and attach it.

Make a copy of your CD request memo, your financial disclosure report, and the form HHS-716. Forward the original CD request memo plus copies of your financial disclosure report and the HHS-716 to your IC's Deputy Ethics Counselor (names are on the web site at <http://ethics.od.nih.gov/decs.htm>).

The CD request will be forwarded through the NIH Ethics Office and the Department of Health and Human Services Office of the General Counsel, Ethics Division, to the Office of Government Ethics (OGE). OGE is the only authority to approve and grant a CD. You will receive a response back through the NIH Ethics Office. Once you receive the approved CD, you will divest your prohibited financial interests.

Due Date: The CD request package must be received in the NIH Ethics Office within 2 weeks of the signature date of the Deputy Ethics Counselor, at the bottom of Part V (page 9).

VII. Compliance (to be completed by employee after divestiture, if divestiture is required)

1. Divestiture. Read the instructions on the form carefully. Provide the information about how and when you divested your prohibited financial interests. Insert the date you divested.
2. Recusal. Read the instructions carefully. Explain how you have been recused from official particular matters involving the SAOs in which you have a financial interest until you divested of the interest.
3. Monitoring Obligation: Read the instructions carefully. Describe how you will continue to monitor your holdings to maintain appropriate levels to avoid a real or apparent conflict of interest.
4. Certification: Read the statement, sign and date.

Make a copy of the completed form and return the entire original form to the NIH Ethics Office:

Deputy Director
NIH Ethics Office
Bldg 2, Room BE-24
2 Center Drive, MSC 0201
Bethesda, MD 20892-0201

Questions may be addressed to your ethics staff. Names and contact information are available on the NIH Ethics Program web site: <http://ethics.od.nih.gov>

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